

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on June 9, 2003.

### **I. DISPUTE**

Whether there should be additional reimbursement for CPT Code 99070 for date of service July 31, 2002.

### **II. RATIONALE**

- CPT Code 99070 denied as “\*00096 – TE Checking to this line”. The insurance carrier paid a total of \$15.00 upon reconsideration. The 1996 Medical Fee Guideline, Surgery Ground Rule (V)(B) requires the modifier –ST be used along with CPT code 99070 for sterile trays. The requestor did not use the modifier –ST when billing for a sterile tray; therefore reimbursement is not recommended.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 99070.

The above Findings, Decision and Order are hereby issued this 15th day of April 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf